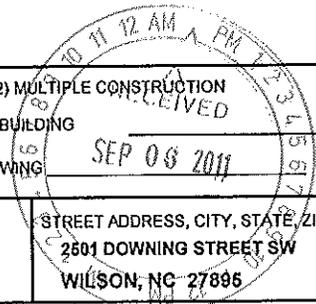


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/26/2011
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345332	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING SEP 08 2011	(X3) DATE SURVEY COMPLETED C 08/16/2011
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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 2801 DOWNING STREET SW WILSON, NC 27895
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to provide proper incontinence care for 1 (Resident #1) of 2 residents observed receiving incontinent care. Findings include:</p> <p>Review of an undated facility policy identified at the top of the page as " Fundamental Procedures " revealed a section titled " Perineal care for the female patient " which read in part: " separate the labia with one hand and wash with the other, using gentle downward strokes from the front to the back of the perineum to prevent intestinal organisms from contaminating the urethra or vagina; " and, " Using a clean washcloth, rinse thoroughly from front to back. "</p> <p>Resident #1 was admitted to the facility on 09/22/05 and readmitted 07/19/11. Cumulative diagnoses included diabetes mellitus, advanced dementia, arthritis, and failure to thrive.</p> <p>Review of the annual Minimum Data Set (MDS) assessment, dated 06/30/11, indicated Resident #1 was cognitively impaired and unable to make daily decisions. The assessment revealed the resident needed extensive to total assistance for</p>	F 312	<p>Corrective action has been accomplished for resident # 1 related to the alleged deficient practice of RCS # 1 providing improper pericare. The Assistant Director of Nursing (ADON) reeducated RCS # 1 regarding proper procedure for pericare. RCS # 1 was observed by ADON providing pericare according to policy.</p> <p>Residents who require assistance with pericare are at risk for the same alleged deficient practice. The Staff Development Coordinator (SDC) conducted reeducation and completed a skill validation checklist related to pericare for all RCS'. Directed inservice will be performed by an instructor from Wayne Community College on incontinence care on 9-9-11 and on 9-14-11 for RCS's.</p> <p>Systemic measures implemented to ensure the same alleged deficient does not recur include: The Director of Nursing/designee will conduct random audits of a minimum of 6 RCS' providing pericare to ensure sustained compliance. The audits will be conducted weekly times 4 weeks and monthly times 2 months. Negative findings will be addressed when identified. The results of the audits will be reviewed during the daily (Monday thru Friday) Interdisciplinary Team meeting.</p>	9-14-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Walter R. Cotton* TITLE Administrator (X8) DATE 9/2/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 312	<p>Continued From page 1</p> <p>all activities of daily living (ADLs). Resident #1 was assessed to be incontinent of bowel and bladder.</p> <p>Review of Resident #1 's care plan, dated 07/15/11, identified a problem as incontinence related to diabetes mellitus, impaired cognition and arthritis. An approach listed in the care plan reads in part: " provide perineal care daily and as needed. " Another area of the care plan identified a problem as ADLs related to the resident needing staff assistance for completion of ADL needs and requires extensive assistance or total care of 1 or 2 staff members.</p> <p>On 08/16/11 at 9:20 AM, an observation was made of a complete bed bath including incontinent care being provided for Resident #1. Upon completion of the bathing of the upper torso and legs, the Resident Care Specialist (RCS) #1 emptied the basin of water and obtained clean water. When the covers were pulled back exposing the perineal area, the resident was noted to have been incontinent of urine. The RCS took a clean washcloth, moisten the washcloth with water in the basin, placed no rinse soap on the washcloth and proceeded toward the perineal area. She washed across the lower abdomen right to left, down the left side of the perineum, and lifting the washcloth over to the right side of the perineum wiped downward. She proceeded to rinse the washcloth in the basin of water, applied no rinse soap and wiped the inside of the labia back to front times three. The RCS rinsed the washcloth in the basin of water, and wiped across the lower abdomen right to left; down the left side of the perineum; and then down the right side of the perineum. She rinsed</p>	F 312	The results of all audits will be taken thru the facility Quality Assessment and Assurance meeting monthly times 3 months. The Quality Assessment and Assurance Committee will evaluate the effectiveness of the plan based on trends identified. Additional interventions will be developed and implemented as needed.		

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F 312	<p>Continued From page 2</p> <p>the washcloth in the basin of water and wiped inside the labia from back to front times three. The RCS proceeded to pat the area dry.</p> <p>An interview, on 08/16/11 at 9:45 AM, was conducted with the RCS. The RCS indicated she was to provide perineal care by wiping back to front. When asked what the facility policy was, the RCS relayed the facility policy regarding providing perineal care was to wipe the area front to back. She stated she used the back to front motion to wipe the resident because the perineal area was very soiled.</p> <p>An interview, on 08/16/11 at 4:15 PM, was conducted with the Staff Development Coordinator (SDC). The SDC stated the staff received training on perineal care during the orientation period. She also indicated she was unable to locate an in-service on perineal care by the previous SDC.</p> <p>An interview, on 08/16/11 at 4:50 PM, was conducted with the Assistant Director of Nursing (ADON). The ADON indicated she would expect the staff to provide perineal care using the proper technique of wiping front to back.</p>	F 312			